USAC
Universal Service Administrative Company

Low Income

- *Form 555 Certified Successfully!*

Header	Section 1	Section 2	Section 3	Section 4	Signature

* indicates required field

State* : NV   DataYear* : 2017

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

SACs

SAC * :   552349   ETC Name: CHURCHILL CO. TEL & TEL. SYSTEM

Holding Company
Name: DBA, Marketing or Other Branding Name(s)* :

                                                            Add/Update

Remove	SAC	ETC Name	Holding Company Name	DBA, Marketing or Other Branding Name(s)
☐	552349	CHURCHILL CO. TEL. & TEL. SYSTEM		CC Communications

                                                            Remove Selected

Affiliated ETCs*(include names and SACs)*

Affiliated ETC Names
                              SAC* :
                                        Add/Update

Remove	SAC	SAC Name

                                                            Remove Selected

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* indicates required field

Section 1: All ETCs *(Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

List of SACs
☑ Select All

Initial * : MAF

☑ 552349

And/Or

I certify that the company listed above confirms consumer eligibility by relying on

prior to enrolling a customer in the Lifeline program. . *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

List of SACs
☐ Select All

Initial * :

☐ 552349

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* indicates required field

Section 2: All ETCs *(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial * :   MAF

Section 2A1

Remove	SAC	A. Number of Subscribers Claimed on May FCC Form(s) 497	B. Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers	C. Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	D. Number of Subscribers Responding To ETC Contact	E. Number of Non-Responding Subscribers (C-D)	F. Number of Subscribers Responding That They Are No Longer Eligible	G. Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a result of non-response or Ineligibility (E+F)	H. Number of Subscribers Who De-Enrolled Prior to Recertification Attempt	Add/Update
☐	552349	317	0	1781	175	1606	2	1608	67	
	552349	317	0	1781	175	1606	2	1608	67	Add/Update

Remove Selected

Section 2A2

Remove	SAC	I. Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access To Eligibility Data	J. Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	K. Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (Column I)	L. Number of Subscribers Who De-Enrolled Prior to Recertification Attempt	Add/Update
☐	552349	0	0	0	0	
		0	0	0	0	Add/Update

Remove Selected

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012

(insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

List of SACs
☐ Select All

Initial * :

☐ 552349

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* indicates required field

Section 3: All ETCs *(Initial the Certification below).*

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial * :   MAF

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Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs *(the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).*

Non-Usage Subscriber
SAC: 552349   Month: January   Subscribers De-Enrolled for Non-Usage * :   0   Add/Update

Remove   SAC   Month   Subscribers De-Enrolled for Non-Usage

Remove Selected

Reset   Save   Exit to 555 Search